Divisior	Division of Health Care Facilities FORM APPROVED							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY	_		
		IDENTIFICATION NUMBER:	A. BUILDING	6: 01 - MAIN BUILDING 01	COMPLETED			
		Thinks	D WINO	•				
		TN3701	B. WING		01/07/2014			
	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
CHURCH	H HILL CARE & REHA		T MAIN BLV HILL, TN 3					
(X4) ID	SUMMARY ST/	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON (VE)	_		
PREFIX TAG	 EACH DEFICIENCY 	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	DN (X5) D BE COMPLET PRIATE DATE	ΓE			
N 831	1200-8-608 (1) Bu	uilding Standards	N 831					
İ				**According to the Administrator's conv	ersation with			
ļ	(1) A nursing nome	e shall construct, arrange, and tion of the physical plant and		S. Hurwitz, ICC Fire Inspector on 1/28/14	t, the Board	t, the Board		
İ	the overall nursing l	home environment in such a		for Licensing Health Care Facilities met on 1/23/14 and made a ruling to allow sprinkler piping to penetrate				
	manner that the saf	fety and well-being of the		4-hour rated fire walls in nursing homes	in Tennessee.			
	residents are assure	ed.		Therefore, no corrective action is needed	d.			
		'						
		!						
Ī	This Bude to set w				į			
	This Rule is not me	et as evidenced by: lon and interview, it was						
	determined the facil	ility failed to ensure a reliable	ĺ		!			
	∣ sprinkler system wa	ater supply for each "building."			i			
	The findings include	e:						
	Observation and intelligence on Januar	terview with the Maintenance y 7, 2014 at 10:15 a.m.						
ì	confirmed the facility	ty is a type V (111)	ĺ	•				
	combustible constru	uction with a total of 47,300			İ			
ļ	sqft. The facility is d	divided into three (3) fire zones	i I		į			
	oy two (∠) 4-nour ra: riser branches off a	ated fire walls. One sprinkler and splits in the attic and	<u> </u>		•			
	penetrates both fire	walls to supply all three fire	<u> </u>	•				
	zones with sprinkler	r protection.	!					
İ	This finding was ver	rified by the Maintenance				İ		
	Supervisor and ackr Administrator during	nowledged by the g the exit conference on						
	January 7, 2014.) the exit contending on						
			,					
N1410	1200-8-614(2)(a)5	i.(ii) Disaster Preparedness	N1410	The Nurse Educator and Plant Operat	Hone			
	/2\ Physical Facility	and Community Emergoppy		Manager were immediately in-service	ed by the 3/15/14	!		
İ	Plans,	/ and Community Emergency		Administrator on the proper timefran	ne for			
				tornado education and drills on 1/8/1 Staff will be re-inserviced by 1/30/14	:4.			
]	(a) Physical Facility	/ (Internal Situations).		procedure during a tornado by the Nu	urse			
į	5 Each of the follow	wing disaster preparedness		Educator and/or Plant Operations Ma	nager.			
ļ	plans shall be condi	ucted annually prior to the		 A tornado drili will be held by 2/15/14 by the Nurse Educator and/or the 	ţ			
	month listed in the p	olan. Drills are for the	,	Plant Operations Manager, and at leas	st			
	purpose of educating	a staff, resource	1	annually thereafter.				

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

administrates

1/20/14

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Division of Health Care Facilities FORM APPROV							APPROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED			
TN3701		B. WING		04/07/04/4					
NAME OF DECIMENT OF			DRESS, CITY, STATE, ZIP CODE			01/07/2014			
CHURC	CHURCH HILL CARE & REHAB CTR 701 WEST MAIN BLVD CHURCH HILL, TN 37642								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (ENCY)	D BE.	(X5) COMPLETE DATE		
N1410	determination, testi and community agencie and evaluate these at least three (3) ye (ii) External disaste tornado, flood, earth to March, shall include to March, shall include to March, shall include to March, shall include to March, shall include to March, shall include to March, shall include to March, shall include to March, shall include the facility failed the facility failed to perform January 7, 2014 facility failed to perform to mado drill or in-sessince 2/28/11. This finding was ver Supervisor and ackretical and extended to many the finding was ver Supervisor and ackretical street.	ng personnel safety provisions as with other facilities and as. Records which document drills must be maintained for ars. er procedures plan (for nquake), to be exercised prior ade: epartment and job cedures. et as evidenced by: and record review, it was ity failed to exercise a ly. et review with the Administrator at 9:15 a.m. confirmed the form tornado drills annually. Intentation to indicate a ervice training was conducted ified by the Maintenance	N1410	4.	Any areas identified will be reported Plant Operations Manager and correct Compliance at the monthly Quality A Performance Improvement meeting the Administrator, Medical Director, Nursing, Assistant Director of Nursing Social Services Director, Nurse Educat Manager, Activities Director, Plant Of Manager, Medical Records Director, Educator, and the Rehab Manager.	cted to ensisted to ensisted to ensisted to ensiste the comprised Director or ensisted to ensiste the compression of the compression of ensisted to ensiste the compression of ensisted to ensiste the compression of ensisted to ensiste the compression of ensisted to ensiste the compression of ensisted to ensiste the compression of ensisted to ensiste the compression of ensisted to ensiste the compression of ensistent to ensiste the ensistent to ensiste the ensistent to ensiste the ensistent to ensiste the ensistent to ensist the ensist the ensistant to ensist the ensistant to ensist the ensistent to ensist th	ond of f rse, y		
<u>;</u>	(2) Physical Facility Plans.	(iii) Disaster Preparedness and Community Emergency	N1411	1.	The Nurse Educator and Plant Operati Manager were immediately in-service the Administrator on the proper times for bomb threat education and drills of 1/8/14.	d by frame	2/15/14		
İ	(a) Physical Facility 5. Each of the follow	(Internal Situations). ving disaster preparedness		2.	Staff will be re-inserviced by 1/30/14 Proper procedure during a bomb thre the Nurse Educator and/or Plant Oper Manager.	at by			

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PRO						
	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
Т!	TN3701				01/0	7/2014
NAME OF PROVIDER OR SUPPLIER STREET AD			ST	ATE, ZIP CODE	0 170	172014
CHURCH HILL CARE & REHAB CTR	T MAIN BL	VΦ				
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENTIII	PRECEDED BY FULL	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES OF THE	DBE	(X5) COMPLETE DATE
plans shall be conducted an month listed in the plan. Dr purpose of educating staff, indetermination, testing personand communications with of community agencies. Reconducted and evaluate these drills must least three (3) years. (iii) Bomb Threat Procedure exercised at any time during (I) Staff duties by department assignment; and, (II) Search team, searching This Rule is not met as evid Based on interview and recondetermined the facility failed threat drill annually. The findings include: Interview and record review and record review and record review and record from January 7, 2014 confirmed the facility failed to threat drills annually. There we documentation to indicate a lin-service training was conducted to the facility failed to the facili	ills are for the resource cannel safety provisions ther facilities and rds which document ast be maintained for es Plan, to be the year: Int and job the premises. enced by: rd review, it was to exercise a bomb with the Maintenance at 9:15 a.m. o perform bomb vas no bomb threat drills or acted after me Maintenance at by the	N1411	3.	A bomb threat drill will be held by 2/15 the Nurse Educator and/or the Plant O Manager, and held at least annually the Any areas identified will be reported by Plant Operations Manager and corrects Compliance at the monthly Quality Ass Performance Improvement meeting co the Administrator, Medical Director, Di Nursing, Assistant Director of Nursing, I Social Services Director, Nurse Educato Manager, Activities Director, Plant Oper Manager, Medical Records Director, En Director, and the Rehab Manager.	perations ereafter. / the ed to ensur urance and mprised of rector of MDS Nurse r, Dietary rations	